

THE MISSOURI REGIONAL BRAILLE CHALLENGE

Hosted by Missouri School for the Blind

2011 PERMISSION FORM

MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND BE RETURNED TO CHRISTINA KLEVORN, MISSOURI SCHOOL FOR THE BLIND, AT 3815 MAGNOLIA AVE., ST. LOUIS, MO 63110, OR FAX TO (314) 776-1875, BY JANUARY 24, 2011. ONLY CONTESTS SUBMITTED WITH A SIGNED PERMISSION FORM ATTACHED WILL BE ELIGIBLE FOR THE BRAILLE CHALLENGE® FINALS AT BRAILLE INSTITUTE®.

(Please print name cle	arly, as you would	like it to app	ear on your cer	tificate)	
Last Name		First	Name			
Address					Apt. No	
City			State		_ ZIP	
Birthdate	Age	Grade	Telephon	e ()	
E-mail			Alternate phon	e ()	
		CONTEST RI	LEASE			
I hereby give perm for my child to particip qualifies, he or she is June 25, 2011.	ate in The Braille C	Challenge preli	minary contest.	I under	estand that if my child	
	Pł	HOTOGRAPHIC	RELEASE			
Missouri School for the exhibition, display, publi	or otherwise record tother sounds creat e Blind and BIA may cation, solicitation o tion BIA's website, F	d by visual, aud ted by the about y use or permi or promotional facebook, or Y	dio, electronic or ve named conte t to be used the or educational r	r manua estant (d Reprod material	al means, the visual collectively "Reproduction ductions in any CD, DVE),
Parent Print N	's Signature lame					
TO BE COMPLETED BY Regional Coordinator I Name of Teacher for V Teacher's Email	AGENCY REGIONA Vameisually Impaired	L COORDINAT	OR			
Mark one: Student Contest Level	☐ App ☐] Fresh 🗆	J Soph 🗖 .	JV	□ Va	
Mark At Grade Leve	Or 🗖 Below Gra	ade Level on	^{ark} 🗖 Contract	ted <u>Or</u>	☐ Uncontracted	